

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/913213

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3						
4	2		1			
5	10					
6	10		1			
7						
8	1		1			
9	10					
10	10		1			
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50						
TOTAL IND.			1			
TOTAL DEP.		4				
TOTAL CLAIMS		10				

*	*	*			
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831

Best Available Copy